

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/550244**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
10		9		9		
11		10		10		
12		11		11		
13		12		12		
14		13		13		
15		14		14		
16	1	15	1	15		
17		16		16		
18		17		17		
19		18		18		
20		19		19		
21		20		20		
22		21		21		
23		22		22		
24		23		23		
25		24		24		
26		25		25		
27		26		26		
28		27		27		
29		28		28		
30		29		29		
31		30		30		
32		31		31		
33		32		32		
34		33		33		
35		34		34		
36		35		35		
37		36		36		
38		37		37		
39		38		38		
40		39		39		
41		40		40		
42		41		41		
43		42		42		
44		43		43		
45		44		44		
46		45		45		
47		46		46		
48		47		47		
49		48		48		
50		49		49		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
55				1		
56			1			
57				1		
58				1		
59				1		
60				1		
61				1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.			3			
TOTAL CLAIMS			29			